of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 200

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Lif death occurred in

VI	2FULL NAME Thornas a	a hospital or institution, give its NAME instead of street and numbar.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
	Male White (Write the word)	16 DATE OF DEATH General Grant Gran
	PATE OF BIRTH June 9, 1902. (Month) (Day (Year)	that I last saw hama alive on May 23 ,1913.
7 A	16 LESS than t day,hrs. 24ds. ORmin.?	and that death occurred on the date stated above, at 10 P. m. The CAUSE OF DEATH* was as follows:
() (b) (b) (w)	a) Trada, profession, or articular kind of work articular kind of work b) Generat nature of industry, usiness, or establishmant in hich employed (or employer) SIRTHPLACE (State or country) Manyland	(Duration) 3 yrs. mos. ds. Contributory Cardiac dilatations Secondary
PARENTS	10 NAME OF FATHER Welliam august 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER Lilly Buckler	(Signed) Secretary (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (For Hospitals, Institutions, Transients,
	† BIRTHPLACE OF MOTHER (State or country) Maryland † HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) My Willis Williams (Address) Brown Island Ind	At place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Hot Gersee 3 1913 - George Peterson	Waters Memorial Co. June, 4, 191.5.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent)



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

V. S. No. 1.

County Calred	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Storkley (No	St.; Ward) St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year 17 I HEREBY CERTIFY, That I attended deceased from 191, to 191
7 AGE (Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Samuel Brown 11 BIRTHPLACE OF FATHER (State or country) 22 OF FATHER (State or country) 12 MAIDEN NAME	(Buration) yrs. mos. Contributory Secondary (Buration) yrs. mos. (Signed) Muly , M
(State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	*State the DINEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whother ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIER OF RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Stock Cley 15 Filed L. 191 Ling REGISTRAR If more blanks are possed address State Registrar	19 PLACE OF BURIAL OR REMOVAL Lone 15 , 191. 0. 20 ONDERTAKER Dan Drown ADDRESS Stoakly 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Compositor, Architect, For persons who have no occupation whatever, As examples: (a) Spinner, (b) Cotton At home. Care should be Never return Locomotive If retired from crigincer, "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telonus) may be stated head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsf," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic vahular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping suicide. The nature of the injury, as fracture of skull Struck by rollway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; chopneumonia or miscarriage Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercuras "Pherperal septichaemia, State cause for which Never report mere "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1 PLACE OF DEATH PHYSICIANS should state of OCCUPATION is very 2FULL N Exact statement PERSONAL stated EXACTLY. 3 SEX 4 C 6 DATE OF BIRTH properly classified. pe 7 AGE should AGE BOCCUPATION (a) Trade, profession, or particular kind of work... e carefully supplied. (b) General nature of indus business, or establishment which employed (or employe of certificate. 9 SIRTHPLACE (State or country) 10 NAME OF FATHER pe 11 BIRTHPLACE OF FATHER (State or coun See Instructions on back PARENTS DEATH in plain terms, Item of Information should 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or coun 14 THE ABOVE IS TRU CAUSE OF (Informant) Important. (Address) 15

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REGISTRAR

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STATE OF MARYLAND CERTIFICATE OF DEATH

west.	CERTIFICATE OF BEATT
,	Registration Dist. No. 37
AME Thomas Lew	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
Jan 7 , 715	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year) It LESS than 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
try, in r)	Bo Aley sicilian - Allendary (Duration) yrs mos ds.
homes Chan	Secondary (Boration) yrs mos ds. (Signed) Leiteh , M. D. Peter 11 , 191 5 (Address) Leutening hour
try) med	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
etry) E TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, if not at place of death?
ulica bowa	Former or usual residence
mus g war	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.1.

[Approved by U. S. Census and American Public Health Association.]

. Civil engineer, Stationary freman, etc. But iu many who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when uceded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who receive a definite salary), may be entered as first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotlon mill; (a) Salesman, As examples:

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eousequenees (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the nuns," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." deal; Revolver wound of head-homicide; Poisoned is less defiuite; avoid use of "Tumor" for malig "Senile," etc.), "Dropsy," "Exhaustiou," (Recommendations on statement of State cause for



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No...... [If death occurred in (No...., -Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWEO. (Month) (Year) ORDIVERCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH ... 191..... to. that I last saw h.....alive on (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day. hrs. The CAUSE OF DEATH* was as follows: OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs, ____ Where was disease contracted. THE ABOVE IS TRUE TO If not at place of death?..... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) .-15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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"Collapse," "Coma," "Couvulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory (secondary or intercurrent) Always qualify aii diseases resulting from (Recommendations on statement of State cause for

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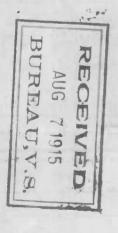
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Calienx Registration Dist. No. Lit death occurred in Ward) a hospital or institution. give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICA CERTIFICATE OF DEATH 18 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED, WIDDWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Year) TAGE it LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. State Where was disease contracted. if not at place of death? usuai residence OF BURIAL OR REMOVAL DATE OF BURIAL (Address). 20 UNDERTAKER ADDRESS ourous. REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional live is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," examples: ht is nec--Coal (0)

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LENT DEATHS state MEANS OF INJURY and qualify as ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated uuless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. lif death occurred is StWard) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at t day.....hrs The CAUSE OF DEATH * was as follows: ds. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment lo which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 13 BIRTHPLACE At place -In the OF MOTHER (State or country of death State _____ yrs. Where was disease contracted. KNOWLEDGE If not at place of death? Former or (Informant) usuai residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

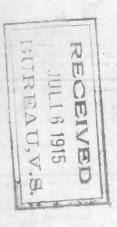
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many ness. If retired from business, that fact may be indibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Colton mill; (a) Salesman, (b) It should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medicul Association.) scosis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonilis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrilis, oma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. The coutributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-(Recommendations on statement of



BINDING C 0 ۵ ESERVE ARGIN

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PERMANENT UNFADING WRITE

Very OCCUPATION IS PHYSICIANS Jo statement classified. D properly supplied. 90 may certifica that ö terms, on back plain Instructions Ë 9 OF Every Item CAUSE OF Important.

15

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in -Ward) hospital or institution. rive its NAME instead PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH S.SINGLE DATE OF OR RACE MARRIED. Write the word) (Month) (Day (Year) REBY CERTIFY, That I attended deceased from DATE OF BIRTH Day (Year) TAGE if_LESS than on the date atated above. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT, CAUSES, tate (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ vrs. ___ mos. ___ ds. State _____ yrs. Where was disease contracted. if not at place of death? Former or usual residence (Address

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic "Heart failure," "Hacmorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "Fuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaegenital," "Senile," ctc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertalued as the "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendatious on statement of For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

V. S. No. 1.

1 PLACE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND
County Calrett	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City (Idelina) (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
² FULL NAME	area (
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Blan WIDOWED engle	(Month) (Day) , 191
6 DATE OF BIRTH Some 20 1915	that I last saw h alive on 191
7 AGE Still born 1 day, hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry	Hell born
business, or establishment in which employed (or employer)	Contributory Secondary Secondary
(State or country) 10 NAME OF FATHER Selfest Herrson 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 3	(Signed) (Ouration) yrs mos ds. (Signed) (Signed) (Address) (M. 0. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
A OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deethyrs
(Informant) Libert The BEST OF MY KNOWLEDGE	Where was disease contracted, if not al place of death?
(Address)	Currole Church fama 21, 1915
If more blanks are peeded address State Beginter 16	Telfect Herron adelma

[Approved-by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, write None business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servent, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal minc, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-Cuil

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenelature of the American Medical Association.) and consequences (e. g., sepsis, tetonus) may be stated to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conhead-homicide; Poisoned by carbolic Struck state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meosles (disease causing death), 29 ds.; Brownephruis, etc. cough; Chronic valeular heart disease; Chronic interstitiol "Tunor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinomo, Sorcoma, etc., of..... rent) affection need not be stated unless (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-Never report mere acid-probably "Exhaustion," important.



V. S. No. 1.

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PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No.
Williage or City Receler level (No. , 2 FULL NAME December)	St.; Ward) a hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Regro (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
G DATE OF BIRTH Contraction (Month) (Day) (Year)	, 191, to, 191, that I last saw halive on, 191,
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
yrs. mos. ds. OR min.?	110000000000000000000000000000000000000
(a) Trade, profession, or Particular kind of work (b) General nature of industry	Leekeering
business, or establishment in which employed (or employer)	(Duration)yrsmosde,
9 BIRTHPLACE (State or country) Marieslace	Secondary Secondary
10 NAME OF free free free free free free free fre	(Signed 8, Hall Cls & Start Coff M. O.
11 BIR (HPLACE OF FATHER (State or commercial Science) 12 MAIDEN NAME OF MOTHER (STATE OF MOTHER SCIENCE)	*State the Disease Causino Death, or, in deaths from Violent Causes, state (1). Mrans of Injury; and (2) whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 THE ABOVE IS TAVE TO THE BEST OF MY KNOWLEDGE	At place In the of doathyremosds. Stato,yrsmosds. Where was disease contracted,
(informant) (informant)	if not at place of death?
(Address) Willow Mis	19 PLACE OF BURIAL OR REMOVATE DATE OF BURIAL Showing Street Str
Flied 2 8, 191 2 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Derey Herrolf Toplarshed
If more blanks are needed, address State Registrar,	

[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. or given up on account of the disease causing death, business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Labarer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Gracery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia," meninfied, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uracmin," "Weakness," head-homicide; Poisoned by Struck by railway train-accident; Revolver wound surgical operation was undertaken. "PUERPERAL perilanitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichuemia," cause. etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," ehopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercur-"Heart failure," "Hemorrhage," "Inanition," "Maraslapse," "Coma," "Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Senile," etc.), ly symptomatic), "Atrophy," "Col-"Convulsions," "Debility", ("Con-"Dropsy," "Exhaustion," carbolic acid-probably FOR VIOLENT DEATHS ACCIDENTAL,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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BUREAUXED

BINDING 0 ESERVE MARGIN

County. pinous PHYSICIAN PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5-SINGES (Write the word) (Month) (Day (Year) 7 AGE If LESS than 1 day,.....hrs. OR mln. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of industry, business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country Contributory Secondary 10 NAME OF 20 10 back ARENTS terms. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAM plain instructions OF MOTHER 0 OR RECENT RESIDENTS = 13 BIRTHPLACE At place OF MOTHER (State or country) DEATH Where was disease contracted, if not at place of death? Former or OF Every Item CAUSE OF Important. usual residence. 15

STATE OF MA CERTIFICATE OF DEATH

Registration Dist. No

-Ward)

I'lf death occurred in a hospital or institution. give its NAME Instead of street and nomber.]

CERTIFICATE OF DEATH (Month) (Year) (Dav and that death occurred on the date stated above, a The CAUSE OF DEATH* was as follows: *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. ELENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State _____ mos. __

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—leave to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "TUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart fallure," "Haemorrhage," "Inanition," "Marasoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearrlage as "Puerreral septichaecause. Always qualify all discases resulting from cte, when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JUL7 1915
BUREAU,V.S.

RECORD Exact statement PERMANENT EXACTLY. stated so that it may be properly classified. 4 should be IS THIS AGE INK carefully supplied. UNFADING WITH of information should be DEATH in plain terms, PLAINLY WRITE

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PHYSICIANS should state of OCCUPATION is very (No. PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, Write the word) 6 DATE OF BIRTH (Month) (Day) (Year It LESS th 7 AGE 1 day OR min. BOCCUPATION (a) Frade, profession, pr particular klod of work (b) General nature of industry, business, or establishment in which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER of 11 BIRTHPLACE OF FATHER (State or country) S See Instructions on back PARENT 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country Every Item CAUSE OF (Intormant)-Important. 15

1 PLACE OF DEATH

9327

CE	RTIFICATE OF	DEATH
	Registration Dist.	No. ST
des.	St.;Ward)	[it death occurred a hospital or institution give its NAME loste of street and number.
MEDI	CAL CERTIFICATE OF I	DEATH
16 DATE OF DEATH	0	110
**************************************	(Month)	(Day) (Year)
17 I HER	EBY CERTIFY, That I at	
1.	, 191, to	
110 0-12	20: 1	
that I last saw h	alive on the	, 191
The CAUSE OF DEAT	H* was as follows:	
	H* was as follows:	
linsen	H* was as follows:	
linsen	H* was as follows:	yrs, mos d
Contributory	TH* was as follows:	.yrsmosd
Contributory (Secondary)	H* was as follows: Ouration) (Deration)	.yrsmosd
Contributory (Secondary)	(Duration)	.yrsmosd
Contributory (Secondary) (Signed) (Signed) 7, 191%	(Duration) (Address)	yrs mos d
Contributory (Secondary) (Signed) (Signed) 7, 191%	(Duration)	yrs mos d
Contributory (Secondary) (Signed) *State the DISEASE CAUSES, State (1) M TAIL, SUICIDAL, Or H	(Duration) (Duration) (Address)	yrs. mos. d yrs. hos. d deaths from Violent 2) whether Acciden-
Contributory (Secondary) (Signed) *State the DISEASI CAUSES, state (1) M TAL, SUICIDAL, or H 18 LENGTH OF RESIDENT AT DIACE	(Duration) (Duration) (Address) (Address) (CAUSING DEATH, or, in feans of Indury; and (conficted) (ENCE (FOR HOSPITALS, INC.)	JYS. MOS. d JYS.
Contributory (Secondary) (Signed) *State the DISEASI CAUSES, state (1) M TAL, SUICIDAL, or H 18 LENGTH OF RESIDENT AT DIACE	(Duration) (Duration) (Address) (Address)	.yrs

20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question mine, etc. material worked on may form part of the second Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

genital," cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal scottchaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING FOR RESERVED MARGIN

V. S. No. 1.

RECORD PERMANENT 4 IS INK-THIS UNFADING WITH WRITE

9328 state Very VSICIANS should OCCUPATION IS PHYSICIANS Village or City jo Exact statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH EXACTLY. 6 SINGLE. 4 COLOR OR RACE wibowen, of Divosers (Write the word) stated classified. pe TAGE If LESS than pinous properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work carefully supplied. (b) General nature of industry, may be business, or establishment in which employed (or employer) certificate. 9 B!RTHPLACE (State or country) that it 10 NAME OF 20 0 pe on back In plain terms, PARENTS 11 BIRTHPLACE should OF FATHER (State or country) 12 MAIDEN NAME See Instructions OF MOTHER Information 13 BIRTHPLACE OF MOTHER (State or country DEATH 00 9 Every Item CAUSE OF Important. 15 REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

lif death occurred in Ward) a hospital or institution. give its NAME instead ot street and number.]

DATE OF DEAT	mad 1		191
	(Month)	(Day	(Year)
17 HEREBY	CERTIFY. hat	I attended d	eceased from
	or " Ma	415	100
C. mus	100	for annexa	
that I last saw h al	ive on		
and that death accurred		4 - 5 - 4 - 6	HA
and that death occurred o		a above, at	m
The CAUSE OF DEATH*	was as follows:		
Mulles	A Malmon		*
	110		
11 Page	A STATE OF THE PARTY OF THE PAR	nsu	~-
11.100			
	(Duration)	yrs	masds.
Contributory			
Secondary			
10 60	(Duration)	yrs	.masds.
(Signed)	rou		
	16	willer	W. 0.
1917 (Address)	um	
*State the DISEASE C	AUSING DEATH, O	r. in deaths f	rom VIOLENT
*State the DISEASE C CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC	NS OF INJURY; a	nd (2) whet	her Acciden-
OR RECENT RESIDENTS	CE IFOR HOSPITALS	, INSTITUTIONS	, TRANSIENTS,
At place	in the		
of death yrs mos.	ds. State	yrs,	. mas de
Where was disease contracted, if not at place of death?			
Farmer or	/		
usual tasidence		A	
19 BOCE OF BURIAL Q		DATE OF	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ctc, when a definite discase can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of (name origin; "Can-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of

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RECEIVED
JUL7 1915
BUREAU, V.S.

V. S. No. 1.

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Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

433:4 1 PLACE OF DEATH STATE OF MARYLAND

Calrest	CERTIFICATE OF DEATH
County Karn	Registration Dist. No. 7.2
Village or City Clees Beach (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mercal Tolog (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended decessed from
Month) (Day (Year)	1915, to Je 2, 1915, that i last saw h. 21 alive on Je 2 , 1915
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1.30 m, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country) Marglace	Contributory Secondary (Doration) yrs mos. ds.
10 NAME OF PATHER Daged Sesti	(Signed) W. T. Jackson, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 Main NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) lees Beach hid	19 PLACE OF BURIOL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Statement of occupation-If retired from business, that fact may be indi-Never return "Laborer," -Precise statement of occupa-As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

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RECEIVED
JUL3 1915
BUREAU,V.S.

V. S. No. 1.

N.B.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH	STATE OF MARYLAND
Culman	CERTIFICATE OF DEATH
County	
	Registration Dist. No.
Village of City Aurelinghow (1)	[if death occurred in
Village or City Villulely Villy (No	St.; Ward) a hospital or institution,
	give Its NAME Instead of street and number.]
2FULL NAME reella Du	es electar Sheetello
TOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MANY	18 DATE OF DEATH ZW ZW 1015
WIDOWEO,	(Month) (Day (Year)
Armal Prhile ORDIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Mande 15	July 1914, to June 25 1915
por i chou	100 4-1
(Month) (Day (Year)	that I last saw her alive on fune 1, 1915
⁷ AGE It LESS than	and that death occurred on the date stated above, atm,
1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos, ds. OR min. ?	
8 OCCUPATION (a) Trada, protession, or	mous Lastin
particular kind of work	
(b) General nature of industry,	***************************************
business, or establishment in which employed (or employer)	(Duration) 778. mos. ds.
	Contributory
9 BIRTHPLACE (State or country)	Secondary
110	(Doration) yrs mos ds.
10 NAME OF FATHER	(Signed) I Wheilek MD
10 Horr Decerdelan	0-1/ne - 11 - 1 T
OF FATHER	(AUU1000)
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a Doroh Suulle	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country)	ot death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
be al har	Former or
(Intormant)	usuai residence
(Address) Hellow m)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	10 1 10
	20 UNDERTAKER ADDRESS
Filed, 191	CANALIS TO 1
MEGISTRAR	I I I I I I I I I I I I I I I I I I I

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous should be taken to report specifically the occupations who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in iudustrial employments, it is necbeen changed or given up on account of the disease who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when ueeded. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Cannaut neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from ctc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Juauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis. "Contributory." by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. genital," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less defiuite; avoid use of "Tumor" for mally tctanus) "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of



RECORD

PERMANENT

4

WRITE PLAINLY, WITH UNFADING INK-THIS IS

V. S. No. 1.

CAUSE OF Important. S

mi. ż

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. County....

1 PLACE OF DEATH

9331

STATE OF MARYLAND CERTIFICATE OF DEATH

	mallville -	1	Registration Dist. No.
Vil	lage or City (No	,	St.; Ward) [If death occurred in a hospital or institution,
2FULL NAME Sadie Frene Straiten give its NA of street an			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED WIDOWED WIDOWED (Write the word)			16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
May (Day (Year)		that f last saw h H allve on June 7, 1915,	
TA	GE II I	LESS than	and that death occurred on the date stated above, at 9 m.
		y,hrs. min. ?	The CAUSE OF DEATH* was as follows:
GOCCUPATION (a) Trade, profession, or particular kind of work			Lautro-Enterites
(b) General nature of industry, business, or establishment in which employed (or employer)		(Ouration) yrs mos/ds.	
9 BIRTHPLACE (State or country) Maryland		Secondary (Ooration) yrs mas ds	
10 NAME OF Joseph Bancis Sharten		(Signed) / Estget Elerkon, M. D.	
ARENTS	11 BIRTHPLACE OF FATHER (State or country) MM.		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARE	of Mother Marion Francis Brown		TAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Md,	rewa	At piace in the of death yrs mos ds
(Informant) Joseph h. Sharten			Where was disease contracted, If not at place of death? Former or
(Address) Wallville, Jus,		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15 Fil	ed James 0, 1915 Grogge Elens	on	20 UNDERTAKER ADDRESS
Joeal REGISTRAR Waved Moores Theland reck			
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a dcfinite salary), may be entered as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from "Scmile," etc.), "Dropsy," "Exhaustion," (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.